




Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health
Bureau of Environmental Health



FOOD HANDLER CERTIFICATE

Name (Last, First, Middle Initial) YOUSUF, ABU		Date of Birth 01/01/72	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Social Security Number/Entry Permit Card Number		FHC Issue Date 03/20/20	
Name of Business/Corp. NEW XO MARKET		P.E. Date / Clinic 02/25/20	
Location of Business/Employer GUALO RAI		Date of Expiration (Coincide w/ Entry Permit) 02/25/21	
Occupation BAGGER		Country/Citizenship BANGLADESH	
<div style="text-align: center;">  DIR. BUREAU OF ENV'T. HEALTH XXXXXXXXXXXXXXXXXXXX </div>		<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal Duplicate Ref.: _____ Replacement Ref.: _____	

Form DPH-BEH 6

This Certificate must be readily available upon request by Health Inspectors.

P.O. Box 500409 CK, Saipan, MP 96950

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EXHIBIT

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